

DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: JOHNS HOPKINS HOSPITAL
 Hospital Number: 210009

Period FY21

| | <u>Column 1</u> | <u>Column 2</u> | <u>Column 3</u> | <u>Column 4</u> | <u>Column 5</u> | <u>Column 6</u> | <u>Column 7</u> | <u>Column 8</u> | <u>Column 9</u> | <u>Column 10</u> | |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|-----------------|---------------------------|----------------------------------|-----------------|-------------------------------------------|-----------------|--------------------|---------------------------------|
| <u>CREDIT & COLLECTION</u> | | | | | | | | | | | |
| | Collection Agency Name | | | | | | | | | | |
| (1) | Nationwide Credit Corporation | | | | | | | | | | |
| (2) | Cognizant - former Receivables Outsourcing Inc. | | | | | | | | | | |
| (3) | National Recovery Agency | | | | | | | | | | |
| (4) | UCB Intelligent Solutions | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | Number of liens | - | | | | | | | | | |
| (7) | Number of Extended Payments Plans | 1,392 | | | | | | | | | |
| <u>FINANCIAL ASSISTANCE</u> | | | | | | | | | | | |
| (8) | Total Number of Patients Who Completed a Financial Assistance Application | 1,374 | | | | | | | | | |
| (9) | Total Number of Patients Who Partially Completed a Financial Assistance Application | | | | | | | | | | |
| (10) | Total Number of patients Who Received Free Care | 91 | | | | | | | | | |
| (11) | Total Number of patients Who Received Reduced-Cost Care | 875 | | | | | | | | | |
| | | | Spanish or Hispanic | White | Black or African American | American Indian or Alaska Native | Asian | Native Hawaiian or Other Pacific Islander | Other | Declined to Answer | Unknown or Cannot be Determined |
| (12) | Number of Patients Who Received Financial Assistance by Race or Ethnicity | 0 | 428 | 311 | 4 | 65 | 2 | 134 | 0 | 22 | |
| (13) | Number of Male or Male Gender Identity Patients Who Received Financial Assistance | 0 | 158 | 102 | 3 | 27 | 2 | 61 | 0 | 9 | |
| (14) | Number of Female or Female Gender Identity Patients Who Received Financial Assistance | 0 | 270 | 209 | 1 | 38 | 0 | 73 | 0 | 13 | |
| (15) | Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| (16) | Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity | 1 | 136 | 143 | 3 | 22 | 2 | 91 | 0 | 8 | |
| (17) | Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance | 0 | 58 | 53 | 0 | 10 | 1 | 48 | 0 | 5 | |
| (18) | Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance | 1 | 78 | 90 | 0 | 12 | 1 | 43 | 0 | 3 | |
| (19) | Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| (20) | Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care | | \$14,399,507 | \$ 248,055 | | \$ 136,539 | | \$ 146,462 | | \$ 5,171 | |
| (21) | Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient | | \$21,293,559 | \$ 21,897,850 | \$ 209,182 | \$ 2,897,852 | \$ 12,071 | \$ 6,396,604 | | \$ 63,610 | |